


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 813472</b>		
1. Entity Name <b>BANKERS MULTIPLE LINE INSURANCE COMPANY</b>		
Principal Place of Business <b>8710 FREEPORT PARKWAY SUITE 150 IRVING, TX 75063 US</b>	Mailing Address <b>PO BOX 749005 DALLAS, TX 75347 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		



06162004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>36-2490086</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RODNEY D. MOORE 8710 FREEPORT PARKWAY-SUITE 150 IRVING, TX 75063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUSAN A. BROWN 8710 FREEPORT PARKWAY-SUITE 150 IRVING, TX 75063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREINER, CHARLES L. 10103 SYCAMORE SHOALS COURT LOUISVILLE, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARD P. PIMSNER 8710 FREEPORT PARKWAY-SUITE 150 IRVING, TX 75063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/02/04-800005-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

**SIGNATURE:**

*Susan A. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/04

Date

214-528-4834

Daytime Phone #